

THE  
BOSTON MEDICAL AND SURGICAL  
JOURNAL.

VOL. XXI.

WEDNESDAY, SEPTEMBER 4, 1839.

No. 4.

PULMONARY CONSUMPTION.

FROM CLINICAL LECTURES AT THE UNIVERSITY COLLEGE HOSPITAL, LONDON, BY  
ROBERT CARSWELL, M.D.

WILLIAM CALVERT, 40 years of age, was admitted the 13th of this month. He is a tailor by profession; rather of regular habits; both of his parents died of some affection of the chest; he has brothers and sisters who are all healthy; he himself has always been delicate. At the age of 18 he became subject to colds; 14 years ago he had rheumatic gout; when a boy he had frequent attacks of epistaxis. Three months ago, having caught a fresh cold from coming out of a warm workshop into the cold night air, he became subject to a cough, more severe than any preceding one, and which was accompanied by occasional hæmoptysis. The blood spit up was usually in streaks in the sputa, but sometimes in clots. The hæmoptysis, when it first appeared, continued for two days, but was not very profuse. It has gradually diminished in quantity and become fainter in color since the commencement of the attack.

On his admission he presented the following symptoms: Pain and constriction across the chest; headache; considerable heat of skin; profuse perspirations at night; alternations of heat and cold; occasional rigors; weakness and pains in the limbs, especially in the knees, which are worse when he is hot. On percussion the sound is *dull* on the right side, under the clavicle; in the same situation, on the opposite side, it is natural. On the same side, viz., the right, on which the sound is dull on percussion, the respiratory murmur is *diminished in intensity*, and is somewhat *rough* or *harsh*. This character of the respiratory sound accompanies not only *inspiration*, but also *expiration*; and, besides, the expiratory sound is greatly increased in intensity, being nearly equal to that which accompanies inspiration. On the left side, that on which the sound on percussion is clear, the respiratory sound is, perhaps, stronger than natural; expiration, however, not being accompanied by a proportionate increase in intensity of the sound to which it gives rise; the breathing is short; pulse 76; appetite bad; bowels confined; flatulency; urine plentiful, but at times high colored.

Taking a general view of this case, we find in it a good illustration of the manner in which the phenomena of phthisis pulmonalis are successively developed, more especially where there is an hereditary predisposition to the disease, as was probably the case in our patient, whose

parents are said to have died of a chest affection, and notwithstanding that his brothers and sisters are stated to be in good health. From his boyhood upwards he has been delicate and subject to colds, and has not got rid of the cough with which he became affected three months ago. This last cough has been accompanied by hæmoptysis, the blood appearing in the sputa, either in streaks or clots. This has gradually diminished, and ultimately disappeared; but it has been succeeded by various constitutional derangements, chiefly febrile symptoms of a hectic character, viz., alternations of heat and cold, occasional rigors, and profuse perspirations. Of these precursory symptoms by far the greatest amount of value, in a diagnostic point of view, is to be attached to the hæmoptysis, as predicating the existence of tubercular phthisis. Its occurrence in this case along with, and after, repeated attacks of cough, increases its diagnostic value; and taken in connection with the local signs which I have enumerated as existing in the right side of the chest, we cannot hesitate to attribute its occurrence to the presence of tubercles in the lungs; as indicating, in fact, three months ago, the existence of tubercular phthisis in this patient. In attaching so much importance to hæmoptysis I do not mean to convey the idea that it may not frequently occur, and to a great extent, independently of the presence of tubercles in the lungs. On the contrary, it is well known that hæmoptysis may be the consequence of disease of the heart or large bloodvessels, and more especially the consequence of deranged menstruation, and other obvious morbid states; but when none of these causes are present, and when it occurs repeatedly, either before or after the supervention of cough, it is of all the symptoms at the commencement or early stage of phthisis, by far the most important as indicating the existence of the disease. Of the value of this symptom of phthisis you will consult with advantage the work of M. Louis, whose labors on the pathology of this disease will afford you much practical diagnostic information.

I may, however, further observe, in regard to this important symptom, that although it most frequently occurs in patients who have, as in the case of our patient, been subject for a variable length of time to cough, it is not unfrequently met with in others who have never had cough; who are, in fact, to all appearance in the enjoyment of perfect health; and in such cases, and in the absence of other causes, is the first symptom of incipient phthisis, or of the presence of tubercles in the lungs; and I may further notice the fact that hæmoptysis is a very rare occurrence, indeed, in catarrh or bronchitis, a fact which gives additional value to its presence as a diagnostic symptom of phthisis.

I have said that the local signs furnished by percussion and auscultation in this case, greatly increased the diagnostic value of the hæmoptysis as a symptom of the early stage of tubercular phthisis. These local signs were limited to the right side of the chest, within a circumscribed space under the clavicle. They consisted of some dulness on percussion; a rough or harsh sound during inspiration; and of a sound nearly as strong, and much of the same character, during expiration. All of you are, no doubt, familiar with the value of the first sign, or

dulness on percussion in the sub-clavicular region, as indicating the existence of tubercles in this region of the chest, this being so frequently the primary seat of these bodies as to constitute a law in regard to their relative frequency in the pulmonary organs. Here, however, the dulness was so slight that it might have been overlooked, or its importance might have been underrated, but for the harshness of the sound which accompanied inspiration, and more especially the existence of an analogous sound during expiration. You are aware that in the healthy state of respiration the sounds which accompany inspiration are the vesicular, bronchial and tracheal; that those which accompany expiration are the bronchial and tracheal. There is no vesicular murmur heard, and even very little of the bronchial sound during healthy expiration. The reason why the sounds alluded to are produced with greater intensity, and in greater number, in inspiration than expiration, is sufficiently obvious if we reflect on the mechanism of respiration. During inspiration the air, as has been remarked by Dr. Williams, is the moving body, and entering the lungs with considerable velocity, impinges against the angles and sides of the bronchi and cells which it has to dilate, and must give rise to sound throughout the whole course of its passage. During expiration the air, on the contrary, is put in motion by the compressed and contracting lungs, and yielding passively to this cause, does not acquire motion or resistance enough to produce sound, until, by the converging together of the small tubes, it is gathered into a current in the larger tubes, where, impinging against their sides with its now acquired velocity, it at length produces sound. Hence you can perceive why sound is heard only towards the middle or termination of the act of expiration, and heard only in bronchi of a certain size; and why it should possess a somewhat hollow and blowing character, rather than the diffuse, soft, vesicular murmur of inspiration, heard over the greater part of the surface of the chest.

I have mentioned these circumstances in regard to the production of sound during inspiration and expiration, that you might perceive more clearly the value of the sign observed in this patient manifested during the latter act. Instead of being feeble, the sound of expiration is increased, and nearly as loud as that of inspiration. Now what is the cause of this, and how is it occasioned? That it depends on the presence of tubercle there seems to be now no longer the slightest doubt, Louis, Andral, and others, having verified the fact since it was first pointed out by the late Dr. Jackson, a young American student, while studying the stethoscopic signs of phthisis in Paris.

As to the manner in which this sound is produced, or becomes perceptible to the auscultator, the following is the explanation given of it by Dr. Jackson:—

“As soon as tuberculous matter is deposited there exists a solid material around the bronchi, which will transmit the sound made by the passage of the air through these tubes. But at this early period of the disease a certain portion of the lung in the part affected is still permeable to the air, and, therefore, the murmur of vesicular expansion, during inspiration, entirely masks the sound of the air passing through the

bronchi, which would otherwise have been transmitted through the denser surrounding medium. During expiration, however, circumstances have changed; the air on passing through the bronchi produces the same sound as on its entrance; and, as now there is no vesicular expansion to mask it, it is easily transmitted through the diseased or condensed part to the ear of the observer."

How far this explanation of the sound in question be the correct one, is a matter of no great importance; its occurrence, under the circumstances which I have mentioned, at an early stage of phthisis pulmonalis, and as indicating the presence of tubercles in the portion of the lung in which it is heard, is certainly one of the most important of the physical signs of this disease.

Before leaving this case I may direct your attention to the sputa, which are peculiarly characteristic of the early stage of phthisis, when not complicated with bronchitis or pneumonia. In this patient they form a striking contrast to those observed in the other patient, in whom the disease is much farther advanced. They consist of a grey or pearly-colored substance, of the consistence of tough mucus or boiled albumen, semi-transparent, collected into rather small irregular masses, swimming in a moderate quantity of a clear watery-looking fluid, or slightly adherent to the vessel in which they are contained. The quantity of the sputa may vary considerably, but in general is not great, and in our patient is small, and is coughed up with considerable difficulty.

These, then, are the principal circumstances to which I have been desirous of directing your attention in this case, viz., the characters of the sputa, the physical signs detected by percussion and auscultation, as signs of the early or incipient stage of pulmonary phthisis, and the hæmoptysis by which it is so frequently preceded.

I shall now make a few remarks on the principle of the treatment which I have adopted in this case; and I may first observe that the case is one which, as regards the stage of the disease, and its limited extent, offers a fair chance of success to any plan of treatment which has received the approbation and recommendation of practical physicians. The plan of treatment to which I now shall allude is that which consists chiefly in the frequent use of *emetics*. Whatever may have been the theory of the disease which suggested this plan of treatment, it was, at a remote period, adopted and recommended by several eminent physicians, as the most successful; and numerous cures of phthisis are reported as having been accomplished under its judicious management. It is a method, however, which was never generally adopted, and must, no doubt, have often sadly disappointed both the patient and the practitioner; and, besides, when we reflect on the very imperfect means which the physicians at the time this practice was most in vogue, possessed of determining the existence of phthisis pulmonalis, or of discriminating between this so frequently fatal disease, and other usually curable diseases of the chest, with which he must frequently have confounded it, we cannot place much reliance on the curative effects of the emetic plan of treatment under such circumstances. No modern physician, qualified for the task, that is to say, capable of establishing the diagnosis of tubercular phthisis by means

of its *physical signs*, has, as yet, so far as I am aware, given this plan of treatment a fair trial, or furnished us with facts deserving of the slightest confidence.

If the result of my researches on the seat and nature of tubercle is founded on fact, it affords some grounds for the rational hope that the cure of pulmonary phthisis may be promoted or facilitated by the employment of emetics. If, as I have endeavored to prove, the tuberculous matter which constitutes the material cause of the disease, is contained principally, or in the great majority of cases, within the air-cells and minute bronchi, it is easy to perceive that its expulsion will be effected or promoted by the employment of such means; that the destruction of the pulmonary tissue will be less likely to occur, or occur less extensively; and that time may be afforded for the correction or removal of that state of the constitution on which the formation of the tuberculous matter essentially depends, and without which the cure of the disease would in vain be attempted. The employment of emetics, under circumstances so unfavorable as those in which patients are placed in hospitals, will, I am afraid, be attended by disappointment, as, whatever efficacy they may possess in effecting the dislodgment and expulsion of the tuberculous matter, we cannot, at the same time, obtain that assistance from other means derivable from the well-regulated influence of temperature or climate, including pure air, exercise, and a variety of hygienic conditions which conjointly contribute to the same end, and more especially towards the removal of the tubercular diathesis.

As, however, the case which has given occasion to these remarks presents a favorable opportunity for trying the efficacy of emetics, half a grain of the tartarized antimony, in solution, has been ordered to be taken every morning, and to be repeated, if necessary, until vomiting has been produced. The bowels to be regulated by the occasional use of a calomel and colocynth pill; and for the present the patient is to be confined to low diet. The result of the treatment will be made known to you, and I would request you to observe for yourselves, and to examine the chest of the patient with care, that you may fully appreciate the importance of the physical signs which announce in him the existence of phthisis.

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I shall now detain you only for a few minutes with a very brief outline of the case of William Calvert, a portion of which I laid before you on a former occasion. You will recollect that this was a case of incipient phthisis, the physical signs of which I detailed to you at some length, as they served to characterize, in a peculiarly striking manner, the early stage of tubercular phthisis.

I considered this a case affording a good opportunity for testing the curative influence of the emetic method of treatment of tubercular phthisis, and therefore resolved on giving it a fair trial. The patient was ordered half a grain of tartarized antimony, in solution, every morning, and to be repeated, if necessary, until vomiting was produced. This treatment was continued for a week, vomiting always following the use of the medicine. It was then omitted, and for a considerable time,

in consequence of the distress and weakness which followed its operation, and of which the patient complained very much. It was, however, repeated on three separate occasions, at some interval of time, the following remedies having been employed during the greater part of the time the patient was under treatment, with the view of facilitating expectoration, and allaying the bronchial irritation and cough, viz.:—A draught, three times during the day, composed of twenty minims of ipecacuanha wine; ten minims of the tincture of squill; twenty minims of the tincture of henbane; and six grains of the bicarbonate of soda in ten drachms of water; and two pills at night, composed of five grains of Dover's powder, and two of henbane. The patient was kept for some time on low diet, but, as his condition improved, he was allowed middle diet, and afterwards full diet. Towards the end of the treatment, when the cough had subsided, and the patient complained much of weakness and deficient appetite, he took for some time a grain of the iodide of iron in an ounce of the infusion of absinthium. In consequence of the occurrence of slight rheumatic pains, the iodide of potassium was substituted for the iodide of iron, under the use of which the patient improved considerably in strength.

The cough and expectoration underwent little improvement till towards the end of the treatment. At this time there was only slight cough in the morning, and followed by the expectoration of a small quantity of greyish mucus.

On examining the chest the day before the patient left the hospital, there was no perceptible difference, on percussion, beneath the clavicles, on either side. The vesicular murmur, however, was feebler in this situation on the right side; but the increased sound of expiration formerly heard in this part had entirely disappeared. In this respect, as well as in respect to the sound yielded on percussion, there was no difference between the two sides of the chest.

I will not venture to assert that we have in this case an example of the cure of tubercular phthisis, but the evidence is unobjectionable that the physical signs which accompany the early stage of this disease, and which were repeatedly recognized in this case, disappeared, or had nearly disappeared, when the patient left the hospital. I say had nearly disappeared, for the respiratory murmur had not yet regained its natural degree of strength, nor had the cough altogether ceased. And, however obvious the improvement that has taken place, even in such a favorable case as this, in respect to the local affection, I cannot but fear the return of the disease in an individual, whose situation in life does not enable him to obtain and employ the means best calculated to improve and render permanent the advantage he has already gained.—*Lon. Lancet.*

#### "THE TOBACCO QUESTION."

To the Editor of the Boston Medical and Surgical Journal.

SIR,—It was said of old Mrs. Lethbridge's great bible, that one might open it at any place, from Genesis to Revelation, and take a pinch of

yellow snuff from between the leaves. So at this time with our journals and periodicals; take up, open at random, and if you do not hit upon yellow snuff, ten to one you will find tobacco. Everybody writes or talks about tobacco; its salutary and injurious effects are strenuously contended for by our most experienced and able physicians, clearly demonstrating that upon this subject, as well as on many others, *the learned differ*. And why should they not? This has ever been debatable ground, since the early puffs of Sir Walter the smoker. But inasmuch as I verily believe that some good will result from the discussion, I also have concluded to add my mite to the general contribution. As I have taken no side in the controversy, have no opinion to support, nor theory to defend, I think I may expect to escape the charge of partiality.

Although this discussion has taken a wide range, I shall confine my inquiries to a single question, which seems to me of more importance than any other that can grow out of the subject, because it is of more general concern; viz.—*Does the habitual use of tobacco shorten the life of man?* As I wish, above all things, to be concise, I shall merely give a few statistical facts, without comments, with a hope that others may adopt a course somewhat similar.

In the first place, I made a list of the names of the oldest men, dead or alive, within the circle of my ordinary practice, looking back some 20 years. Thus far names and ages were the only objects of inquiry. The materials for this list were derived from bills of mortality, tradition, tombstones, and family records.

The next thing to be ascertained was, which of these individuals were, and which were not, in the habit of chewing or smoking tobacco.\* This I found to be less difficult than I had anticipated, as a large proportion of the consumers were known to be such by the storekeepers who deal in the article.

The list contains the names of 67 men, from 73 to 93 years of age; average age, 78 and a fraction. After patient inquiry, never having received a guess as evidence, I arrived at the following result, viz.:

Smokers or chewers,	-	-	-	-	54
Non-consumers of tobacco,	-	-	-	-	9
Doubtful, or not ascertained,	-	-	-	-	4
Total	-	-	-	-	67

How much longer these men might have lived without tobacco, it is impossible to determine.

I have heard of one case, and one only, accompanied with satisfactory evidence, where life was prolonged by the use of tobacco.

At the ever memorable battle of Bennington, there stood in the ranks a New Hampshire militia man, by the name of Jonathan Wheeler. This Jonathan was a man of Herculean strength, with red, bushy hair, a peculiar squint of the eye, and with fighting propensities strongly developed; he was, moreover, a dead shot, cool, deliberate and calculating. He was prepared for action; in his cartridge-box were 24 rounds

\* These inquiries have not been extended to snuff taking. No medical man, at this day, advocates the use of snuff, although it was "highly recommended" some 20 or 40 years ago, by an old Physician at Cambridge.



of ball-cartridges ; in his canteen, a pint of potato-whiskey ; in his breeches-pocket, an iron tobacco-box of ample dimensions, which had once belonged to his grandfather, old Adonijah Wheeler, of Scataquog. When the heat of battle was over, and Jonathan found time to take a quid of the tranquillizing weed, upon drawing the box from his pocket, he found, with astonishment unutterable, the indentation of a musket ball upon the lid. His trusty box had received the charge of some sharp shooter, and in all probability prolonged the life of as brave a fellow as ever swung a knapsack.

If this case is not worth sending down to posterity, please give it a clip with scissors editorial, and reduce the length of this communication.

*Billerica, August, 1839.*

Respectfully yours,

Z. Howz.

#### ALBANY MEDICAL COLLEGE AND THE THOMSONIANS.

*To the Editor of the Boston Medical and Surgical Journal.*

DEAR SIR,—A notice appeared some time since in the American Medical Library, which has been copied into the American Journal of the Medical Sciences, headed the "Albany Medical College and the Thomsonians." As this notice might convey the idea that some especial connection exists between this College and the Thomsonian doctors, and is calculated to lead the public into error, we have thought proper to make the following explanation of the matter.

The Thomsonians, during their meeting in Albany, requested permission to visit the Albany Medical College, which was granted to them as to other persons who apply for the same favor. While there, they expressed to Dr. March their intention to recommend to their students to acquire a more thorough knowledge of "anatomy, physiology, surgery and chemistry," and asked on what terms they would be received into the institution. Dr. March replied that they would be received on the same terms as any other persons. It was neither intended by Dr. M., nor supposed by those who made the inquiry, that the Thomsonian students would be admitted to graduate, or be allowed any privileges which they would not enjoy in any other medical institution. For we suppose that no institution would refuse to admit an applicant to attend the lectures, simply because he might be a student of a Thomsonian doctor.

The Charter of the Albany Medical College expressly enjoins, among other requisites for graduation, "that the student shall have pursued the study of medical science for at least three years after the age of sixteen, with some physician and surgeon duly authorized by law to practise the profession;" so that it would be out of the power of the faculty and trustees to grant degrees to Thomsonian students, even if they were disposed to form an alliance with them, such as, from Dr. Dunglison's remarks, he seems to suppose exists. Any other privilege but that of graduation, they would enjoy in common with other students in the Albany Medical College, as in other medical colleges in this country.

This explanation would have been made on the first appearance of the



"Resolutions in the Albany Evening Journal," but it was then supposed that the publication would not be noticed out of the city of Albany, where the whole matter was sufficiently understood. But since it has made its way into two of the most respectable journals in this country, the trustees deem it proper to correct the erroneous impressions to which it might give rise.

Respectfully yours,

August, 1839.

JARED L. RATHBONE, *Pres't.*

MACROTRYS RACEMOSA.

*To the Editor of the Boston Medical and Surgical Journal.*

DEAR SIR,—Accompanying this, I send a specimen\* of the *Macrotrys racemosa* (bug bane, black snake root, cohort), described by Professor Eaton in the following manner. "Calyx about four-leaved, becoming colored before expanding, caducous; corol, many minute petals, very caducous, or wanting; stigma simple, sessile, curving towards the gibbous side of the germ; capsule 2-valved, dehiscent at its strait suture. Leaves decom-pound; leaflets oblong-ovate, gash-toothed; racemes in wand-like spikes; capsules ovate." It is a beautiful plant, rising to the height of from three to nine feet, and grows in abundance and very luxuriantly in the woods and by the sides of fences in Norwalk, Ct., where I formerly resided. Its flowers are white and very delicate, arranged along several spiked racemes at the upper end of the scape. The plant became so much a favorite with me, that I brought a root with me to this place, which is now growing finely by the side of my house. I send you a single spike of the flowers and the middle division of the decom-pound leaf. I have never seen it growing in this State.

It has lately become a very popular remedy in coughs. I have found it useful in several cases where the cough had been protracted and severe; in some of which it was entirely removed by this remedy alone. I have found it particularly useful in the chronic cough which sometimes attends old people.

It has been thought, too, by some eminent physicians, to be a substitute for ergot in parturition, being dissimilar, however, in its *modus operandi*; relaxing the parts concerned in labor, thereby rendering short and easy, what otherwise might have been a protracted and painful labor. From what I have seen of its effects, I am led to conclude that it possesses such virtues. I hope it may have an extensive and thorough trial in the above-named cases.

The part used is the dried root, finely pulverized, given in doses of 1 drachm from 3 to 5 times per day.

Respectfully yours,

Unionville, Ms., Aug. 12, 1839.

E. G. WHEELER.

PERSICARIA URENS.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—It appears to me that the properties of this plant have not been duly appreciated. A short description may be found in Quincy's Dis-

\* The specimen spoken of by Dr. Wheeler is left at the office of the Journal, for the inspection of those who take an interest in the subject.—Ed.

persatory, published in 1742. After entering into a distinction between *Persicaria non maculata* and the *Persicaria suc maculosa*, he proceeds to say that "In scorbutic cases, hypochondriac affections, and all disorders from a sluggish circulation of the fluids, it may be found highly useful. Etmuller said that the English have it so much in esteem as to use it in the belly-ache, cholic, scurvy, spleen, and all chronic diseases. Mr. Boyle greatly commends its distilled water in the stone, and in that opinion he agrees with many who have valued it among their secrets for its efficacy in such cases. Also externally applied to dissipate bruised blood." "It is said to be antiseptic, diuretic and aperient."

Fountain, in writing on diseases of irritation, in the New York Medical Journal, Vol. V., pages 410 and 411, said (under the head of *Purpura urticans*), "After he had used various remedies in the case of a female patient to no purpose, a neighboring quack said to her that he could cure her in twelve hours. She consented, and he fulfilled his promise. He fomented her legs an hour or more with a strong decoction of the *polygonum persicaria*, and bound a large quantity on the affected parts. On removing it, twelve hours after, not a vestige of the complaint was to be seen."

My own experience, for many years, of its medicinal powers, goes to corroborate in a measure the above ideas of its therapeutic operation. I have used the *Persicaria urens* in many obstinate cases of tympanitis and flatulent colic, with the best effects in every instance. I order a strong decoction to be used every three or four hours, according to the urgency of the case, by applying it over the abdomen, assisting its operation by an enema, and freely using a drink of the same. I have also found its external application to have succeeded much better than the terebinthian liniment, in cases of chronic erysipelatous inflammation peculiar to the extremities of aged people. I say chronic, for I have considered it proper to suffer the acute stage of the disease to pass over before using the *polygonum*. Respectfully yours, &c.

Middle Haddam, Ct., Aug. 19, 1839.

N. SMITH.

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## BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, SEPTEMBER 4, 1839.

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### MEDICAL BOTANY.

By referring to a communication in another part of this Journal, the reader will find that Dr. Wheeler introduces to the notice of practitioners an indigenous plant, which, according to his opinion, possesses very valuable properties. It is worth while to have the subject thoroughly investigated by those who have an opportunity of testing the efficacy of the plant in protracted parturition. If it is less dangerous than the ergot, and equally certain in its action, it is destined to have a conspicuous place in our *materia medica*. Another article has also been advantageously used by a Connecticut correspondent, as will be seen in a preceding page, which likewise merits more general attention. Medical

botany is not pursued with that ardor in this country, at present, which it merits. Plants without number abound in field and forest, whose medicinal character is quite unknown. If Dr. Lee meets with sufficient encouragement in the great work he proposes, a hope is entertained that he will be more thorough than those who have gone before him. He will have the advantage of possessing all that others have written, and facilities for conducting inquiries throughout the United States, which no other individual in that department of science ever enjoyed.

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*Dr. Gallup's Institutes of Medicine.*—Amongst the bibliographic notices of the New York Journal of Medicine and Surgery, a writer, under the signature of J. A. S., consigns the venerable Dr. Gallup's two volumes to fire and faggot, without having read them. Is this the true way of writing criticisms? "We do not pretend to have read the above work," says this candid commentator, and we verily believe he speaks the truth. "A very few pages at the beginning, an occasional paragraph in the middle, and a hasty closing of the book at the end, with a willing determination never to meddle with it again, is all we have been able to accomplish." We hope that this wholesale and unfair process of exciting a prejudice against Dr. Gallup's labors, will not succeed. That the work far outweighs in character a host of imperfect things in the shape of medical books, which are elaborated every day in the week, will be acknowledged by those who honestly investigate its claims. The fact is, Dr. Gallup must be read with fixed attention;—this J. A. S. manner of skipping from the title page to the middle, and from thence to the word *finis*, would answer well enough for a directory, but will not do in studying the laws of life.

It is very amusing, doubtless, to find fault when one imagines that he has extraordinary powers for detecting errors before they are discovered. We are still impressed, as we were at first, with the intrinsic excellence of Dr. Gallup's researches—and we still believe that his name will be transmitted to posterity in the pages of the "Outlines of the Institutes of Medicine," when those who are always ready to put out a light, are forgotten in the lumber of accumulating centuries.

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*Thomsonian Students.*—A communication will be noticed in to-day's Journal, from the president of the Albany Medical College, explanatory of the invitation of the faculty, to the quacks assembled at Albany, some months since, to examine the College. We are well satisfied, from this letter, that the idea of coalescing with the Thomsonians, or incorporating them with their own scholars, by way of increasing the professional emoluments, was not thought of—and it is therefore exceedingly to be lamented that some of the medical journals have put a wrong construction, rather indirectly, upon the motives of those professors who were only civil to a number of ignoramuses in medicine, who happened to be engaged in the ridiculous farce of a Thomsonian convention. Now if these Ishmaelites in medicine would attend the lectures of the colleges, it would be the happiest circumstance imaginable, for it would be the very means of overthrowing themselves. Only let them be taught, and well taught, and it would be a death-blow to the whole lobelia fraternity. Instead of condemning the college, therefore, for an indiscreet act, thus far Dr. March is deserving of commendation for his philanthropy—for it could be nothing short of it, to propose to instruct Thomsonian pupils.

*Worcester District Medical Society.*—Officers for 1839. Edward Flint, M.D., Leicester, *President*; Benj. Hayward, M.D., Worcester, *Vice President*; John S. Butler, M.D., Worcester, *Secretary and Librarian*; W. Workman, M.D., Worcester, *Treasurer*. Meetings are held the 1st Wednesday of October, and the 2d Wednesday of January, for the purpose of hearing reports of cases or receiving communications on medical and scientific subjects. Dr. Woodward, of the State Lunatic Asylum, will deliver a dissertation on the next anniversary meeting, the 3d Monday in June, 1840. The present number of fellows is fifty. There is a respectable and increasing library, the meetings are well attended, and the influence and interest of the Society are constantly increasing. It is exceedingly honorable to the practitioners of the beautiful and enterprising county of Worcester, that they have successfully organized and fully sustained the character of the association.

*Lowell Medical Association.*—By the rules and regulations of the associated practitioners of the city of Lowell, organized in March last, a stated meeting is to be held annually on the first Monday of January. The system of government adopted is similar in character to the Boston Medical Police, and if the members live up to its requisitions, they will have peace and good fellowship as long as the society exists. It strikes us that the fee-table should have higher rates of charging. A physician must necessarily pay about as much for his living in Lowell as in Boston, and the compensation for his professional services should there, as well as here, be proportioned to his expenses.

*Extraordinary Power of Memory.*—A boy, whose name is Gustave Adolphe Basse, born at the Hague in 1826, has very much astonished the learned in London, by the strength of his memory. In the presence of many persons, the present season, he answered extremely difficult and perplexing questions in history, geography, mythology, and natural history, besides various other departments of knowledge, embracing the sciences. He then correctly repeated 155 figures—and without hesitation told which was the 46th of these figures, which the 28th, 115th, and so on. A table of 40 figures was then speedily drawn up and presented to him; in less than five minutes he repeated the whole series, from first to last, without making a single error.

It is pretended that a system has been discovered by which any one may acquire this great power of memory, by a few simple lessons of only one hour each. What is still more singular, it is represented that the rules may be applied with facility for the acquisition of languages. Some manipulating phrenologist will, by-and-by, show us that the thing is impossible, without a cerebral organization equal in all respects to the brain of Gustave.

*M. Ricord's Practice in Phimosis.*—He marks out with ink upon the skin of the prepuce, the situation of the dorsum of the corona glandis; a little in front of this mark he draws two other lines, diverging as in the figure of the letter >, reversed, and meeting below the frenum; laying hold of the prepuce with a pair of forceps behind these lines, he, with one sweep of the bistoury, removes the whole; the mucous membrane is then cut as far back as the edges of the retracted incision in the

skin. In the next place he divides the frenum of the prepuce, and either ties or cauterizes with the nitrate of silver the wounded artery.

M. Ricord is very anxious to impress upon the minds of his audience the necessity of securing the artery of the frenum, either by a ligature or by torsion. If it is attempted to do so by caustic, the surgeon should take care to wipe the end of the vessel quite dry before he applies the caustic, preventing the bleeding by compressing the posterior part with his fingers.  
—*London Lancet.*

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*Division of Tendons.*—The following exceedingly curious passage from an ancient diary recently published, shows that the operation of dividing the tendons of contracted muscles was performed nearly two centuries ago in England.

"The mountebank that cutt wry necks, cutt three tendons in one child's neck, and hee did itt thus: first by making a small orifice with his launcet, and lifting upp the tendon, for fear of the jugular veins, then by putting in his incision knife, and cutting them upwards; they give a great snapp when cutt. The orifices of his wounds are small, and scarce any blood follows; some are wry neckt from the womb, they only lay on a melilot plaister to heal the wound, the plaister must bee a fresh one every day. As for the symptoms of this cutting, they are only these: that about a day or two after, the child will be sickish, some humour falling on the stomach of itt, as the mountebank says. When hee hath cutt itt, he bends the child's neck the other way, and putts on a capp, and a fillet tied to the capp, and so ties itt under the arme pitts, and so by constant bending the head that way, itt becomes straight and upright."

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*Belladonna Plaster in Nervous Palpitations, Irritable Bladder, &c.*—Dr. Simpson, of the York County Hospital, uses a belladonna plaster over the region of the heart, to quiet violent palpitation; and Dr. Laycock says that he has found the application very successful, especially in nervous palpitation. Dr. L. states also that the belladonna plaster will relieve irritable bladder and neuralgia or irritability of the rectum. The plaster should be made with the pure extract spread on lint or leather, and applied moist to the sacrum or perineum. Dr. L. thinks that an opiate plaster made with powdered opium and soap cerate, is more efficacious than belladonna, especially in irritable bladder; it will, sometimes, enable a person to rest undisturbed during a whole night.—*London Med. Gaz.*

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*Convention for the Revision of the Pharmacopœia.*—We are informed that Delegates have been already appointed to the Medical Convention for the Revision of the Pharmacopœia, which is to meet in Washington in January next, by the Medical Society of New Jersey, the University of Maryland, the College of Physicians of Philadelphia, and the Rhode Island Medical Society.—*American Jour. Med. Sciences.*

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*Memorial to Congress to Enact a Law for the Transmission of Vaccine Virus by Mail free of Postage.*—We have received a letter from Dr. Jas. Magoffin, Jr., of Mercer, Mercer County, Pennsylvania, in which the writer states that he has obtained the signatures of a number of the phy-

sicians in his neighborhood to a memorial to Congress, praying the enactment of a law for the conveyance of vaccine matter by mail free of postage; and he urges the making of a corresponding effort by the physicians of this city and elsewhere. The object is certainly a useful one and deserves the active co-operation of the profession throughout the country.—*Ibid.*

*Yellow Fever at Charleston.*—Up to the 20th ult. 71 cases of yellow fever had been admitted to the Marine Hospital at Charleston, 16 of which terminated in death, and 55 in recovery. Either from superior treatment, or some other cause, the number of deaths in Charleston, by yellow fever, in proportion to the number of cases, is but little more than half that of New Orleans.

*Health of New York.*—Week before last the report of the City Inspector recorded 203 interments—28 men, 32 women, 68 boys, 75 girls. The aggregate exhibits a degree of general health in the city, which is highly gratifying; while, at the same time, the number of deaths of females exceeds those of males. Cholera infantum carried off 39, dysentery 15, diarrhœa 15, consumption 22. Of the whole number, 162 were natives of the United States, and 26 of Ireland.

*Medical Miscellany.*—A lady, of Kensington, on the 17th ult., had four sons at a birth, who are all doing well.—David D. Owen, of Indiana, has been appointed Geologist to the United States.—There were sixty students the last term of the medical department of the University of Virginia; and forty-eight at Hampden Sidney, Richmond, Virg.—The editor of the American Medical Library cautions his readers against the 3d edition, or any edition now published, of Dr. Ryan's Formulary, which is full of inaccuracies.—Obstinate cases of bilious fever are prevalent in many parts of Virginia.—A violent kind of dysentery, says a country paper, has very much alarmed the inhabitants of Springfield, Vt. It is represented to be somewhat like the Asiatic cholera. Several deaths had occurred at the last accounts.—On the 15th ult. 24 cases of yellow fever were admitted at the Charity Hospital, New Orleans, of which 5 died. The day before, there were 10 deaths.—Only 5 prisoners died the last year in the House of Correction, at South Boston, out of the great number of over six hundred persons sent there by different courts—which is certainly complimentary to the Board of Overseers, who are both vigilant and humane, and to the physician who has the care of the hospital.—Young surgeons are receiving peculiar encouragement in the government service of Egypt. In Turkey, too, the English surgeons are well paid, both in the army and naval service.—Dysentery, produced by crude fruits, is now quite common in many parts of New England, and particularly among small children.—Drs. Geo. Capron and H. W. Rivers have opened an institution at Providence, R. I., for giving gratuitous advice in diseases of the eye and ear. Every institution of the kind should have Dr. Dix's apparatus for cleansing the Eustachian tube—an admirable contrivance. His office is in Court street, Boston.—A fatal dysentery has carried off 22 persons in the parish of Point Clare, island of Montreal.—The British government furnish their navy with 235,000 gallons of rum and 40,000 pounds of tobacco, annually. The navy consists of 20,000 men.—The

medical department of the Cincinnati College is to be suspended. The professors have resigned, and the faculty, it is said, will not recommend successors.—A colored woman, named Marie Geanne Robin, died in New Orleans, on the 14th ult., at the very advanced age of 107 years and 6 months. She never took medicine of any kind.—Mr. Malcom says that the custom of blacking teeth in Burmah is almost universal. It is done generally about the age of puberty. The person first chews alum, or sour vegetables, several hours, after which a mixture of oil, lampblack, and perhaps other ingredients, is applied with a hot iron. When done by the regular professors of the art, it is indelible.—In a recent case of extirpation of the eye, M. Velpeau operated without removing the lachrymal gland with the eye.—A calculus, weighing 3 ounces, was lately removed from a female in Paris by M. Velpeau, by the vesico-vaginal section, being the first time this operation has been performed in Paris, though not the first time in France.—Dr. Griscom's Treatise on Animal Mechanism and Physiology has been published at New York, by the Messrs. Harpers, making the 85th volume of the Family Library.—Dr. Parker, in the Medical School of the city of New York, recently placed in the chair of surgery, will also lecture on pathological anatomy.—Dr. Gross's new work on pathological anatomy is looked for with anxiety. Messrs. Marsh, Capen & Co., the publishers, are driving it through the press, we understand, with all possible despatch.—Dr. Griffith, of the University of Virginia, will soon resign his professorship in consequence of ill health. He expects to visit the West Indies.

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Whole number of deaths in Boston for the week ending August 31, 39. Males, 23—females, 17.  
Of consumption, 4—drowned, 1—old age, 1—typhous fever, 1—inflammation of the bowels, 3—dropsy on the brain, 3—sudden, 1—fits, 2—disease of the heart, 1—child-bed fever, 1—bowel complaint, 1—cholera infantum, 3—dysentery, 4—infantile, 2—casualty, 2—scarlet fever, 1—murdered, 1—hooping cough, 1—canker in the bowels, 1—delirium tremens, 1—bilious fever, 1—debility, 1—stoppage in the bowels, 1—lung fever, 1—stillborn, 4.

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#### SURGEON'S TRUSS.—DR. M. R. FLETCHER'S PATENT.

For the radical cure of Hernia. This instrument was recently introduced to the medical profession, and favorably noticed in the "Boston Medical and Surgical Journal." Since that time specimens have been examined and tried by most of the surgeons in the New England States, from whom certificates have been received, expressing their confidence in its superiority over every other truss now in use. Its construction is neat, small, and the spring very light. It may be made longer or shorter, and will suit equally well Inguinal, Vento-inguinal, or Femoral Hernia; the difference being in the form of the pad. The pad may be located at any desired spot, and the pressure increased or gradually and as much as requisite. This facility of adaptation will be of great convenience to physicians who may adjust them, as well as to the individuals who may wish to vary the pressure. I have the liberty of referring to a large number of the profession in the city and country, only a few of whom it will be expedient to mention, viz., Drs. J. C. Warren, G. Hayward, W. Ingalls, S. D. Townsend, J. Jeffries, J. V. C. Smith, G. B. Doane, W. Lewis, Boston; W. J. Walker, Charlestown; A. L. Peirson, Salem; J. C. Dalton, Lowell; D. Crosby, Professor of Anatomy and Surgery, Dartmouth College; E. Hoyt, President, and J. B. Abbott, Secretary of N. H. Medical Society; T. Haynes, Concord, N. H.; J. Roby, Professor of Anatomy and Surgery, Bowdoin College. Price from \$1 50 to \$4 00, according to size and finish. To physicians those of men's sizes will be sold at \$2, \$2 25, \$2 50, \$2 75, and \$3 00. Those sending for them will mention right or left side, the kind of hernia, and the number of inches around the pelvis. Specimens may be seen at Metcalf's, 33 Tremont Row, and at Carter's, corner of Hanover and Portland streets, druggists. They may be obtained at No. 9 Howard street.

Arrangements have been made with Mrs. H. Williams (lecturer on anatomy to females) to wait on ladies from 9 A. M. to 1 P. M., on Mondays and Saturdays, at her residence, No. 29 Friend street.

Aug 21—

M. R. FLETCHER.

#### MEDICATED VAPOR BATH.

PHYSICIANS are informed that they can have administered to their patients the Medicated Vapor Bath, medicated to meet a variety of indications.

The following are the kind usually given.—Anti-inflammatory, anti-spasmodic, anti-syphilitic, anæsthetic, anti-hæmorrhagic. These baths have given evidence of their efficacy in pulmonary affections, and other diseases of the lungs, in prostration of the nervous system, in constitutional acrofula, in chronic diseases of liver, in ulcers and cutaneous eruptions on any part of the body, in neuralgia and all painful affections of the nerves. In every kind of rheumatism they have proved very beneficial. In erysipelas the vapor bath is attended with most excellent effect. One single bath will sometimes remove all the heat, swelling and itching.

Given under the superintendence of Dr. A. Gerriah, No. 14 Franklin Place, Boston.

Aug 21—fr



## MEDICAL LECTURES IN BOSTON.

The Medical Lectures in Harvard University will begin in the Medical College, Mason street, Boston, the first Wednesday in November next, at 9 o'clock, A. M., and continue sixteen weeks.

Anatomy, and Operations of Surgery, by	JOHN C. WARREN, M.D.
Chemistry, by	JOHN W. WEBSTER, M.D.
Midwifery and Medical Jurisprudence, by	WALTER CHANNING, M.D.
Materia Medica and Clinical Medicine, by	JACOB BIGELOW, M.D.
Principles of Surgery and Clinical Surgery, by	GEORGE HAYWARD, M.D.
Theory and Practice of Physic, by	JOHN WARE, M.D.

At a meeting of the Faculty, it was

*Resolved*, "That no two courses of Lectures shall be admitted to qualify students for gratuitous admission to Lectures in this School which have not been attended in separate years, or at least six months from each other."

WALTER CHANNING, Dean of the Faculty of Medicine.

Boston, July 10, 1839.

Jy 17—4N

## MEDICAL INSTITUTION OF YALE COLLEGE.

The Lectures in this Institution will commence on Thursday, October 3, 1839, and continue sixteen weeks.

BENJAMIN SILLIMAN, M.D. LL.D., Professor of Chemistry, Pharmacy, Mineralogy and Geology.
ELI IVER, M.D., Professor of the Theory and Practice of Physic.
WILLIAM TULLY, M.D., Professor of Materia Medica and Therapeutics.
JONATHAN KNIGHT, M.D., Professor of the Principles and Practice of Surgery.
TIMOTHY F. BEERS, M.D., Professor of Obstetrics.
CHARLES HOOKER, M.D., Professor of Anatomy and Physiology.

The fees, which are required in advance, are \$12 50 for each course, except that on obstetrics, which is \$6. The matriculation fee is \$5, and the contingent bill for the course on chemistry, \$2 50. The expense of a full course, therefore, is \$76. There is no expense for dissection fee, and for a reasonable price students are furnished with as many subjects as they may require. The lecture and dissection rooms are spacious and commodious, and the various cabinets are richly supplied. The graduation fee is \$15.

CHARLES HOOKER, Secretary.

Yale College, August 1, 1839.

Aug 7—6t

## BOYLSTON MEDICAL PRIZE QUESTIONS.

The Boylston Medical Committee, appointed by the President and Fellows of Harvard University, consists of the following physicians, viz:

JOHN C. WARREN, M.D.	JACOB BIGELOW, M.D.	JOHN RANDALL, M.D.
RUFUS WYMAN, M.D.	WALTER CHANNING, M.D.	ENOCH HALE, M.D.
GEORGE C. SHATTUCK, M.D.	GEORGE HAYWARD, M.D.	JOHN WARE, M.D.

At the annual meeting of the Committee, on Wednesday, Aug. 7, 1839, the premium of fifty dollars, or a gold medal of that value, was awarded to the author of a dissertation on "the pathology and treatment of Rheumatism," with the motto "Frustra fatigamus remedia agros;" and a premium of the same value to the author of a dissertation on Scrofula, with the motto "Kunst macht Gunst." On opening the accompanying sealed packets, EDWARD WARREN, M.D., of Boston, was found to be the author of both dissertations.

The following prize questions for the year 1840 are already before the public, viz:

1st. "The pathology and treatment of Typhus, and Typhoid, Fever."

2d. "The pathology and treatment of Medullary Sarcoma."

Dissertations on these subjects must be transmitted, post paid, to John C. Warren, M.D., Boston, on or before the first Wednesday of April, 1840.

The following questions are now offered for the year 1841, viz:

1st. "To what extent is disease the effect of changes in the chemical or vital properties of the blood?"

2d. "The structure and diseases of the Teeth; with a numerical solution of the question, can caries of the teeth be retarded by mechanical processes?"

Dissertations on these subjects must be transmitted as above, on or before the first Wednesday of April, 1841.

The author of the best dissertation on either of the above subjects will be entitled to a premium of fifty dollars, or a gold medal of that value, at his option.

Each dissertation must be accompanied by a sealed packet, on which shall be written some device or sentence, and within shall be enclosed the author's name and place of residence. The same device or sentence is to be written on the dissertation to which the packet is attached.

All unsuccessful dissertations are deposited with the Secretary, from whom they may be obtained, if called for within a year after they have been received.

By an order adopted at the year 1826, the Secretary was directed to publish annually the following votes, viz:

1st. That the Boylston Committee consider themselves as approving the doctrines contained in any of the dissertations to which premiums may be adjudged.

2d. That in case of a successful dissertation, the author be considered as bound to print the above vote in his dissertation.

ENOCH HALE, Secretary.

Publishers of Newspapers and Journals, throughout the United States, are respectfully requested to give the above notice.

Boston, August 7, 1839.

A14—4t

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.